

TABLE 1

Name and Address of Institutional Investor	% of Ownership	Number of Shares Held

TABLE 2

Name and Location of Public Agency	Type of Regulation	License No. or Other Identifying No.

TABLE 3

[illegible]

TABLE 4

[illegible]

TABLE 5

Name of candidate/ office holder	Office sought/held	Date	Amount	Method of payment	Intermediary, if any
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					

TABLE 6

Name Of Official/Officer	Title	Business Address	Telephone Number
Last Name:		Address:	()
First Name, MI:		City: State: ZIP:	
Last Name:		Address:	()
First Name, MI:		City: State: ZIP:	
Last Name:		Address:	()
First Name, MI:		City: State: ZIP:	
Last Name:		Address:	()
First Name, MI:		City: State: ZIP:	
Last Name:		Address:	()
First Name, MI:		City: State: ZIP:	
Last Name:		Address:	()
First Name, MI:		City: State: ZIP:	
Last Name:		Address:	()
First Name, MI:		City: State: ZIP:	
Last Name:		Address:	()
First Name, MI:		City: State: ZIP:	
Last Name:		Address:	()
First Name, MI:		City: State: ZIP:	
Last Name:		Address:	()
First Name, MI:		City: State: ZIP:	

TABLE 7

[illegible]

TABLE 8

Number and Street	City	State	ZIP	From:	To:

TABLE 9

Name and Address	Type of Account	Name of Account	Account Number(s)

TABLE 10

Name	Date of Birth	Home Address	% of Ownership	Title/Position
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		

TABLE 10A

Name	Title/Position	Company Name	% of Ownership	List Committee Name
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached				
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached				
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached				
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached				
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached				
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached				
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached				
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached				
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Full Name: <input type="checkbox"/> Personal or Business Disclosure attached				
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached				
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached				
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached				
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached				
Full Name: <input type="checkbox"/> Personal or Business Disclosure attached				

TABLE 11

Type of Securities or Debt Offerings	Name and Location of Regulatory Agency	Date of Action	Action Taken

TABLE 12

Name and Address of Licensing Agency	License No.	Type of Gaming Activity